

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, May 14, 2025	Time: 07:00 – 08:00 AM	Location: Virtual
MEETING CALLED BY	T. Van Hooren, Associate Dean, Postgraduate Medical Education		
ATTENDEES	T. Awani, S. Bains, A. Barghi, M. Bhaduri, S. Blissett, L. Bondy, P. Cameron, A. Cheng, M. Chin, M. Chiu, R. Degen, T. DeLyzer, L. Diachun, D. Driman, S. Elsayed, A. Florendo-Cumbermack, D. Grushka, S. Gryn, A. Gunz, H. Iyer, T. Jevremovic, R. Khanna, D. Laidley, J. Landau, Y. Leong, E. Liu, K. Lotfy, A. Lum, S. Macaluso, J. Manlucu, B. McCauley, A. McConnell, J. Megyesi, D. Morrison, M.L. Myers, F. Myslik, C. Newnham, V. Ng, M. Ngo, T. Nguyen, M. Nicholson, M. Qiabi, K. Qumosani, M. Rajarathinam, A. Ranger, P. Rasoulinejad, R. Reardon, J. Ross, T. Sharon, M. Shimizu, R. Stein, P. Stewart, L. Valdis, J. Van Koughnett, J. Walsh, P. Wang, M. Wilejto, Q. Zhang, R. Zhu Hospital Rep: A. Dukelow, M. Kahng, D. McVeeney PARO Reps: A. Branch, M. Kirolos, P. Singh Guests: S. Ayres, N. Barrow, P. Bere, J. Bjazevic, M. Dow, J. Edwards, S. Fazari, K. Kilbreath, R. Liston, D. McLaughlin, K. Okonski-Scovell, L. Organ, J. Podeszwa De Oliveira, J. Quesnelle, N. Taylor, S. Taylor, M. Tran		
REGRETS	C. Fayowski, B. Rotenberg		
NOTE TAKER	L. Curtis		
1.0 CALL TO ORDER (7:00 AM) & APPROVAL OF AGENDA, MINUTES			
DISCUSSION	<ul style="list-style-type: none">One agenda topic has been added since originally distributed.Minutes and agenda approved.		
2.0 ANNOUNCEMENTS		T. VAN HOOREN	
DISCUSSION	2.1 WELCOME TO OUR NEW PROGRAM DIRECTOR <ul style="list-style-type: none">Dr. Sarah Appleton – Assistant PD Plastic Surgery 2.2 PGME STAFFING UPDATE <ul style="list-style-type: none">Janelle Yoon – Education Developer<ul style="list-style-type: none">Role is under CPD but will support PGME’s education offerings. 2.3 2025-2026 PGME COMMITTEE DATES <ul style="list-style-type: none">Will follow the same schedule as previous years; meetings will be held on the second Wednesday of the month; dates distributed with meeting material and will be added to website. 2.4 PARO PRESENTATION <ul style="list-style-type: none">All PDs and PAs have been invited to attend a PARO Orientation session on May 21 from 12:00 to 1:30; registration link has been distributed via email; attendance strongly encouraged for those new to their roles.		
3.0 UPDATES			
DISCUSSION	3.1 PARO UPDATE – M. KIROLOS <ul style="list-style-type: none">Finalizing plans for a PGY1 orientation social to help support the transition into residency and connect them with PARO early in their training career.		

	<ul style="list-style-type: none"> Work continues on priority issues of reducing non-urgent pages, improving call room access, and contract compliance. <p>3.2 EDUCATION UPDATE – T. VAN HOOREN</p> <ul style="list-style-type: none"> Resident Orientation will be held on Friday June 27 from 8:30 to 10:30; this is a live virtual event developed in collaboration with Medical Affairs. Transition to Residency (T2R) will be held virtually every Wednesday afternoon from July 2 to September 10; professionalism has been added as a new topic; remainder of sessions remain unchanged. <p>3.3 ONE45 TRANSITION – T. VAN HOOREN</p> <ul style="list-style-type: none"> The move from One45 to Elentra will change how rotations, evaluations, and schedules work for faculty and learners; current focus is Block 1-3 and making sure rotation names have been updated, evaluation forms are properly mapped to rotations, and schedules are finalized; demos and workshops will be offered in July. PAs have been advised of the project roadmap and deadlines; deadline to submit rotation schedules is May 23; contact Karen Lancey if you have not already connected or have questions. Rotation goals and objectives do not need to be submitted now, will move into Elentra after July; programs can adjust ITAR scales (e.g. remove borderline), scales must be clear and be consistent.
4.0 NEW BUSINESS	
DISCUSSION	<p>4.1 WHAT WORKS – M. QIABI</p> <ul style="list-style-type: none"> To obtain unbiased feedback, Thoracic Surgery program uses a Post-Graduation in Practice Survey as part of their continuous improvement efforts (Standard 9); survey is sent to graduates with at least one year of independent practice experience; feedback is shared with RPC and helps improve program for future residents. Questions are selected during an RPC meeting; survey is quick and complements the Resident Exit Survey; generates interesting and thoughtful responses. Some demographic information is collected including when they graduated and their current practice environment (e.g. academic/community, hospital and city size, case mix); other questions include the strengths and weaknesses of the program at the time of graduation, the quality of various aspects of the program (e.g. academic curriculum, surgical exposure, physical infrastructure), and how they would rank the program compared to others in Canada now that they are in practice. The program also plans to seek feedback from residents who have recently completed their oral exam to summarize the study style that worked for them; tips will be shared with future residents to help alleviate some of the stress surrounding the exams. A reminder was made about need to evaluate the presence of the hidden curriculum (Indicator 9.1.1.2); consider adding a question to exit surveys to obtain data; learners and educators have access to Uncovering the Hidden Curriculum module. <p>4.2 ONECHART RESIDENT SIGNING AUTHORITY – L. ORGAN</p> <ul style="list-style-type: none"> Resident signing authority privileges will be updated to adhere to PGME and College of Physicians and Surgeons of Ontario (CPSO) expectations; will be standardized across OneChart hospitals. Effective May 20, 2025, residents will be required to obtain co-signature from a supervising physician prior to the finalization and distribution of all clinical notes. Residents will be required to add the name of the supervising physician to initiate the co-sign process and submit the dynamic document or clinical note; all documents will remain in an authenticated preliminary state until the MRP co-signs the document. Primary Care physicians and others involved in the care can be copied on the dynamic documentation; will not be shared externally until the MRP co-signs the document.

- Preliminary notes will be visible to other internal providers; notes in the preliminary state are able to be modified; residents should be encouraged to proofread before submitting before submitting for co-signature (e.g. errors from copying and pasting from previous notes).
- And FAQ has been prepared and will be updated as questions are received; will need to be accessed while on the hospital network.

4.3 MYCAREPORTAL – N. TAYLOR

- Registration will start at regional hospitals in September 2025, registration will start at London hospitals in February 2026; staff and affiliates will have access to register as of September 2025.
- Documentation requiring co-signature will only post to MyCarePortal once co-signed; progress notes are not included in MyCarePortal at this time.
- Look for an email communication to staff, please forward to your residents; email questions to MyCarePortal@lhsc.on.ca; more information can be found on the [intranet](#) or [YouTube](#).
- There is no delay in the release time once a report or document is authenticated; concerns were raised about the lack of delay and it's impact on staff and trainees who have not had adequate time to review a report before a patient asks questions about it; it was felt that other systems and hospitals have delays in place to address this issue; specific examples will be shared to help illustrate concerns.

4.4 RESIDENT EDUCATION - S. AYRES

- Proposal to place all PGY1s into Dynamic Documentation position as of July 1, 2025, replace the current learning journeys with Dynamic Documentation learning journeys and Dragon Dictation training, and supplement with in-class training (in-person or virtual) led by LHSC and St. Joseph's Clinical Leads; residents already need Dynamic Documentation as they will rotate through the ED and Mental Health who are already live, will still have access to transcription but will help with adoption of tools including Dragon Medical One dictation tools; will not have consultants and senior residents in those positions, will mitigate this risk by providing additional training, and reinforce policies and standards.
- Goal of in-class training is to support residents to be more efficient and reinforce documentation standards, will include training to customize components to easily view all relevant patient information, how to use of Dragon Medical One Dictation to customize commands for increased efficiency, how to use camera capture to send patient photos directly to patient chart, and to encourage the use of templates and auto texts more efficient note creation.
- July 2024 onboarding included an online learning journey (215 minutes) with no accountability for completion (completion rate less than 50%); proposal for July 2025 onboarding includes a revamped online learning journey (240 minutes, including 15 minutes for Dyn Doc) plus 1-2 hours of in-class training; can generate completion reports for PDs; current residents and staff can complete the 15 minute Dyn Doc module and one-on-one training is available for professional staff, including PDs.
- Topic will be brought back to future meeting for further discussion on 2025 onboarding format.

4.5 FACULTY DEVELOPMENT NEEDS ASSESSMENT – B. MCCAULEY

- CPD is conducting a comprehensive faculty development needs assessment; seeking feedback on unperceived needs (leaders and learners) and perceived needs (all faculty); unperceived needs surveys to be completed by mid-June, perceived needs surveys to be completed by late July; focus groups will be held with topics informed by the needs assessment; draft faculty development plan by end of September.
- Learner survey is anonymous but will ask some basic demographic information (e.g. UME/PGME/Dentistry, training level); questions are broad and relate to topics such as learner perception of faculty needs, faculty support for learning and academic success, faculty feedback and assessment practices, and faculty wellness and its impact on learners; questions will use a mix of a 5-point scale and open-ended questions.
- Draft learner survey was distributed with meeting material, feedback is [welcome](#); please encourage learners to complete the survey.

	<ul style="list-style-type: none"> ▪ New programming is being developed by CPD in anticipation of the survey results, topics include leadership development and coaching skills. <p>4.6 PRIVACY INVESTIGATIONS - T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ PGME is working closely with the hospital to streamline the process regarding hospital investigations; ideally the PD would be aware that the investigation is happening before the resident is informed; topic will be brought back to a future meeting once a unified process is developed. ▪ PGME Associate Dean will be included on any PG trainee complaint that requires a hospital investigation; PD involvement includes notifying the trainee, ensuring options for support have been shared, and observing the process; allegations leading to hospital investigation may have implications for training. <p>4.7 POLICIES & GUIDELINES - T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ Deferred to next meeting.
5.0 QUESTIONS & ADJOURNMENT (8:00 AM) AND NEXT MEETING	
	Next Meeting: Wednesday, June 11, 7:00 – 8:00 AM, Virtual